F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

A. Target Group
Effective Date: 01/01/99

9. Medically at Risk Individuals
The population to be served consists of Medicaid-eligible persons enrolled or assigned to a Primary Medical Provider (PMP) who have a medical condition/need and/or who exhibit significant/multiple lifestyle, psychosocial, and/or environmental risk factors that may impact or may have already negatively impacted the health status of the recipient. Physicians/primary care providers offer medical preventive and acute care. Case management services support, supplement and enhance the full and appropriate use of the primary medical care services, assisting the recipient to understand treatments and remove barriers to care in order to promote more positive outcomes and avoid adverse responses, behaviors, and conditions. Recipients needing case management services will require a referral from their Primary Care Provider.

A person in this target group may reside in his/her own home, the household of another, or a supervised residential setting. Optional targeted case management services will not be provided to clients in total care environments. Targeted case management services will not be provided to clients receiving case management through a home and community-based waiver.

B. Areas of State in which services will be provided:
/X / Entire State*
/ / Only in the following geographic areas (authority of section 1915 (g)(1) of the Act is invoked to provide services less than statewide):

*Targeted Case Management/Medically at Risk Individuals will not be available for persons who are enrolled in the 1115 Research and Demonstration Waiver.

C. Comparability of Services:

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X / Services are not comparable in amount, duration, and scope. Authority of section 1911(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are those services which will assist Medicaid-eligible individuals of any age in need of medical services in gaining access to needed medical, social, educational, and other services.

The core elements of the service shall include the following:

(A) Needs assessment - A written comprehensive assessment of the person's assets, deficits, and needs. The following areas must be addressed when relevant:
- (1) Identifying information,
- (2) Socialization/recreational needs,
- (3) Training needs for community living,
- (4) Vocational needs,
- (5) Physical needs,
- (6) Medical care concerns,
- (7) Social/emotional status,
- (8) Housing/physical environment,
- (9) Resource analysis and planning.

(B) Case planning - The development of a systematic, client-coordinated plan of care which lists the actions required to meet the identified service needs of the client. The plan is developed through a collaborative process involving the recipient, his family or other support system, and the case manager.

(C) Service arrangement - Through linkage, the case manager will interface the client with the appropriate persons and/or agencies through calling and/or visiting these persons or agencies on the client's behalf.

(D) Social support - The case manager will, through interviews with the client and significant others, determine that the client possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager will assist the client in expanding or establishing such a network through linking the client with appropriate persons, support groups and/or agencies.

(E) Reassessment/follow-up - The case manager shall evaluate through interviews and observations the progress of the client toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the persons and/or agencies providing services to the client will be contacted and the results of these contacts, together with the changes in need shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

(F) Monitoring - The case manager will ascertain on an ongoing basis what services have been delivered and whether they are adequate to meet the needs of the client. Adjustments in the plan of care may be required as a result of monitoring.

E. Qualification of Providers:

5. Target Group 9: Medically at Risk Individuals
Targeted case management providers for the Medically at Risk Individual must demonstrate experience with the target population in completing medical psychosocial assessments and case plans, coordination of services, provision of referral and follow-up services and be employed in a non-institutional health care setting and must be certified as a Medicaid provider meeting the following criteria:

(A) Demonstrated capacity to provide all core elements of case management:

(1) assessment,

(2) care/services plan development,

(3) linking/coordination of services, and

(4) reassessment/follow-up.

(B) Demonstrated case management experience in coordinating and linking such community resources as required by the target population.

(C) Demonstrated case management experience with the target population.

(D) An administrative capacity to insure quality of services in accordance with state and federal requirements.

(E) A financial management system that provides documentation of services and costs.

(F) Capacity to document and maintain individual case records in accordance with state and federal requirements.

(G) Demonstrated ability to assure a referral process consistent with Section 1902a(23), freedom of choice of provider.

(H) Demonstrated capacity to meet the case management service needs of the target population.

Individual case managers must meet the following minimum qualifications:

(A) A Master of Social Work degree or a Bachelor of Arts or Bachelor of Science degree in social work from a school accredited by the Council on Social Work Education and licensed or eligible for licensure by the State of Alabama Board of Social Work Examiners, or

(B) A Bachelor of Science degree in nursing or a Master of Science degree in nursing, and

(C) Training in a case management curriculum approved by the Alabama Medicaid Agency.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan in accordance with the 1915B waiver granted the state to operate the Primary Medical Program.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.